Name in Full

Certificate of Death

John A. Albaugh

Died at Town Boonsboro County Washington MARYLAND

Date 1899 Month April Day 4th | Age Y. 72 M. 8 D. 5 | Native of Md | Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 1

~~Wife~~ Husband of Lydia Albaugh

Father's Name Jacob Albaugh

Mother's Name 57

Cause of Death: Primary

Immediate Valvular Disease Heart

How long sick died suddenly

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. B. Wheeler and Lowe M. D.

Address Boonsboro Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Marcus William Allison M.D.

Died at Town Hagerstown County Washington — MARYLAND

Date 1899 Month 4 Day 28 | Age Y. 55 M. 11 D. 18 | Native of America | Occupation Physician

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ | Number of children living 3

Husband of Wife Favorette Shacklage-

Father's Name William Allison | Mother's Name Annie Allison

Cause of Death: Primary Dilatation of Heart- 57 | How long sick 2 years

Immediate Heart failure

~~Accident~~, Suicide, ~~Homicide~~

Reported by H. A. Dey- M.D.

Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

David Henry Bachtell

Died at Town Courtown County Avoch Co MARYLAND

Date 1899 Month April Day 12 Age Y. 54 M. 9 D. 16 Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living Two

Husband of Wife Lena Bockdall 97

Father's Name George Bachtell Mother's Name Barbra Bachtell

Cause of Death Primary Heart & Brights Disease How long sick 3 weeks

Immediate Heart Failure ~~Accident, Suicide, Homicide~~

Reported by J. L. Farber

Address Lewis Mills Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full

Certificate of Death

Mrs. Samuel Beyler

Died at Town Rohrersville County Washington MARYLAND

Date 189 Month 4 Day 2 | Age Y. 46 M. D. | Native of | Occupation

~~Male~~ / Female | White / Colored | ~~Married~~ / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Hel — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Transcript 4-8

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79-98

Name in Full: Alice Bell.

Certificate of Death

Died at — Town: Hagerstown — County: Washington Co. — MARYLAND

Date 1899 — Month: April — Day: 20 — Age: Y. 30 — M. - — D. - — Native of: Maryland — Occupation: Housewife.

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living: 3

~~Husband~~ Wife of: John W. Bell.

Father's Name: Adam McCrea — Mother's Name: Elizabeth McCrea.

Cause of Death — Primary: child birth, complicated with central venous thrombosis. — How long sick: about 4 months

Immediate: asphyxia. 119a — ~~Accident, Suicide, Homicide~~

Reported by: J. Ward Wisner M.D.

Address: Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary I. Bell

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month April Day 23 Age Y. 4 M. D. Native of Md Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Joseph J Bell Mother's Name Hattie F

Cause of Death Primary Pneumonia 72 How long sick 4 days

Immediate ~~Accident, Suicide, Homicide~~

Reported by E A Wareham

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Uplon Bell

Died at Town Leitersburg County Washington MARYLAND

Date 1899 Month Apl. Day 13 | Age Y. 78 M. 6 D. 3 | Native of Md. | Occupation Wagon Maker

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 8

Husband of ~~Wife~~

Father's Name Peter Bell | Mother's Name Mary Bell 72

Cause of Death: Primary General Debility | How long sick Two years

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by Dr. J. H. Wishard

Address Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Joseph Bender

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month 7 Dey 7 | Age Y. 76 M. D. | Native of | Occupation tailor

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary — 161 — How long sick

Immediete — Accident, Suicide, Homicide

Reported by Transcript 7-8

Address

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 78998

Name in Full Alberta Benner

Certificate of Death

Died at Town Sharpsburg County Wash.. MARYLAND

Date 1899 Month Apr. Day 7 Age Y. Six M. yrs. D. Native of Maryland Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name William

Mother's Name Florence.

Cause of Death Primary Diphtheria 8 a

Immediate Acute Exudative Nephritis

How long sick 12 days

~~Accident, Suicide, Homicide~~

Reported by E. M. Garrott

Address Sharpsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full George Boss

Certificate of Death

Died at Town Hagerstown Md County Washington MARYLAND

Date 1899 Month April Day 10 Age Y. 45 M. about D. Native of Va Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ Number ~~of children living~~

Husband of Wife

Father's Name

Mother's Name 1526

Cause of Death Primary Pistol Ball in Heart

Immediate

How long sick

~~Accident, Suicide~~, Homicide

Reported by E A Wareham

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full — Certificate of Death

John Wm. Bowers

Died at — Town: 2 Locks — County: Washington — MARYLAND

Date 1899 — Month, Day: April 21 — Age: Y. 73 M. D. — Native of: Maryland — Occupation: Laborer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced — Number of children living 24

Husband ~~Wife~~ of Mary Middleii.

Father's Name: Jacob Bower — Mother's Name: Bracilla Hidwell

Cause of Death — Primary: 161 — How long sick:

Immediate: Cause not Known — Accident, Suicide, Homicide:

Reported by: David Kelly undertaker

Address: Fair Play Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Richardson Family Md a

of William Short md

Seen by Coroner _____

of _____

Information contained in this certificate received from David Bowers

of Odonsville

Name in Full — Certificate of Death

Samuel J. Burns

Died at Town: Fiddlesburg County: Washington MARYLAND

Date 1899 Month Day: 4 - 6 Age Y. M. D.: 77 Native of: Ma Occupation: Cooper

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 6

Husband / Wife of Rachel Burns

Father's Name: Wm Burns Mother's Name:

Cause of Death — Primary: Arterio Sclerosis 5y — How long sick: Several months

Immediate: Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by Wm McJan

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65066

Name In Full

Certificate of Death

Mrs. Mary J. Boyle

Died at Town Hagerstown County Washington MARYLAND

Date 189 Month 4 Day 7 Age Y. 72 M. D. Native of Occupation

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

Widow Widower

Divorced

Number of children living

~~Husband~~ Wife of Dr. Charles B. Boyle

Father's Name

Mother's Name

Cause of Death: Primary Pneumonia & nervous prostration

~~Immediate~~

How long sick

Accident, Suicide, Homicide

Reported by American Sentinel 4-8

Address

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70118

Name in Full ? Edwards

Certificate of Death

Died at Town Hagerstown County Wash. MARYLAND

Date 1899 Month Apr Day 11 | Age Y. 1 M. D. hour | Native of Md | Occupation

Male White ~~Married~~ Widow ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of ✓

Father's Name Wm H Edwards. Mother's Name Mary Crim

Cause of Death: Primary ✓ 161 How long sick

Immediate

~~Accident Suicide Homicide~~

Reported by W B Monnon

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mildred Gibney

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month April Day 10. Age Y. M. D. 5 Native of Md Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

137

Cause of Death Primary Blue Disease

Immediate

How long sick 5 days

~~Accident, Suicide, Homicide~~

Reported by E. A. Washington MD

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Irving H. Grove

Certificate of Death

Died at Town: Boonsboro County: Washington MARYLAND

Date 1899 Month: April Day: 30th | Age Y. M. D.: — 10 | Native of: Md | Occupation: —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name: Chas L. Grove

Mother's Name: Emma Biser

Cause of Death: Primary 49

Immediate Convulsions —

How long sick

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: W. B. Wheeler Ed Son M. D.

Address: Boonsboro Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Sarah Hevel

Died at Town Leitersburg County Washington MARYLAND

Date 1899 Month Apl. Day 3 Age Y. 69 M. 1 D. 22 Native of Penna. Occupation Housewife

~~Male~~ Female | White | Colored | ~~Married~~ Single | Widow | ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ Wife of

Father's Name John Zentmyer Mother's Name Elizabeth Zentmyer

Cause of Death { Primary Old Age How long sick 141

Immediate General debility

~~Accident, Suicide, Homicide~~

Reported by Dr. J. H. Wishard

Address Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Sarah A. Huffer

Died at Boonsboro (Town) Washington (County) MARYLAND

Date 1899 April 22nd (Month Day) | Age 59 Y. 1 M. . D. | Native of Md | Occupation —

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 10

~~Husband~~ Wife of Alfred C. Huffer

Father's Name Jacob Toms | Mother's Name Shoemaker

Cause of Death: Primary Carcinoma 25 y | How long sick 18 months

Immediate Angio-Enuotic Oedema | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. B. Wheeler and Son M. D's

Address Boonsboro Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Minnie Kridler

Died at Town Hagerstown County Washington MARYLAND

Date 1897 Month April Day 21 Age Y. 26 M. 3 D. 10 Native of Hagerstown Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of Wife

Father's Name Henry Kridler Mother's Name Lydia

Cause of Death Primary Heart Failure How long sick 2 mo

Immediate 1556 Accident, Suicide, Homicide

Reported by No one

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr._____

of_____

Seen By Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name In Full Frank Lancaster

Certificate of Death

Died at Town Breck County Washington MARYLAND

Date 189 9 Month Ap Dey 5 Age Y. 75 M. 4 D. 24 Native of Virginia Occupation Potter

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower Divorced Number of children living None

Husband of Wife Dont know. Wife dead many years

Father's Name Dont know Mother's Name dont know

Cause of Death Primary 76 OVER How long sick 6 mo

Immediate Asthma Accident, Suicide, Homicide

Reported by Bruning & Bast OVER

Address

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79[illegible]8

Attended by Dr. Grossmickle

of Maplesville

Seen by Coroner

of

Information contained in this certificate re-
ceived from James Needle

of Beaver Creek

and

Name in Full — Certificate of Death

Savilla Leecy

Died at Bissel (Town) Washington (County) MARYLAND

Date 1899 — Month Apl. Day 17 — Age Y. 49 M. 1 D. 18 — Native of Md. — Occupation Housewife

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

~~Husband~~ Wife of Peter Leecy

Father's Name Samuel Bowman — Mother's Name Nancy Bowman

Cause of Death — Primary: Bad cold 42 — How long sick 3 weeks

Immediate: Apoplectic Stroke — ~~Accident, Suicide, Homicide~~

Reported by Dr. J. H. Wishard

Address Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name in Full Sarah Jane McCord

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 April 12th Month Day

Age Y. 53 M. — D.

Native of Md

Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living

~~Husband~~ Wife of Jas O. McCord

Father's Name Levi Leister

Mother's Name Lydia A. Oswald

Cause of Death

Primary Valvular Heart Disease

How long sick Several months

Immediate Heart Failure 57

~~Accident, Suicide, Homicide~~

Reported by J McPhee

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963

Name in Full

Certificate of Death

Catherine Margaret

Died at Town Margaretville County Washington MARYLAND

Date 1899 Month April Day 5th | Age Y. 90 M. 1 D. 27 | Native of Md | Occupation Housework

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 1

Husband Wife of John Nathan Margaret

Father's Name John Nathan | Mother's Name Margaret

Cause of Death: Primary Cerebral Hemorrhage 42 | How long sick 3 days.

Immediate 1

Accident, Suicide, Homicide

Reported by D. C. Miller M.D.

Address Meadow Dixon Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Name in Full | Certificate of Death

Annie Elizabeth Mull

Died at Town: Downesville County: Washington MARYLAND

Date 1894 Month: 4 Day: 10 | Age Y.: 54 M.: D.: 24 | Native of: Maryland | Occupation: Housework

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of George W. Mull

Father's Name: Not known | Mother's Name: Mary Persell

Cause of Death: Primary ~~Hem~~ Pneumonia 72 | How long sick: 6 weeks

Immediate: Heart failure | Ac~~cident, Suicide, Homicide~~

Reported by: Richd J. Duckett M.D.

Address: Bakersville Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 78708

Name in Full

Certificate of Death

Mrs. Mary M. Mullendore

Died at Town Gapland County Washington MARYLAND

Date 1899 Month 4 Day 10 Age Y. 63 M. D. Native of Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Wife Daniel M. Mullendore

Father's Name Mother's Name

Cause of Death Primary Pneumonia 72 How long sick

Immediate Accident, Suicide, Homicide

Reported by Brunswick Herald 4-14

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full | Certificate of Death

Susie Poffenberger

Died at Near Town Williamsport County Was Maryland MARYLAND

Date 1899 Month Apr Day 26 | Age Y. about M. 7 D. yrs | Native of Town | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~ Child

Father's Name Calvin Poffenberger | Mother's Name Josephine Poffenberger

Cause of Death: Primary Burned by Coal Oil | How long sick

Immediate Yes 2 hrs 146a | Accident, ~~Suicide, Homicide~~

OVER

Reported by Simon Poffenberger

Address J F Kiefs

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. undertaker

LIBRARY BUREAU, 79883

Attended by Dr. _____

of _____

Seen by Cororer _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full — Certificate of Death

William Griffith Renner-

Town — County

Died at Hagerstown Washington MARYLAND

Date 1899 Month April Day 11 | Age Y. 52 M. 11 D. 9 | Native of Md. | Occupation Carpenter-

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 8

Husband of ~~Wife~~ Susan Ryan

Father's Name Jacob Renner- | Mother's Name Catherine Renner

Cause of Death: Primary Heart Disease 5 7 | How long sick one year-

Immediate Heart Failure | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by H. S. Owen - M.D.

Address Hagerstown Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65068

Name in Full Mrs Margaret Reno

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month April Day 15th Age Y. 86 M. 6 D. 11 Native of Pa Occupation House work

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced

Number of children living 6

Husband / Wife of Capt Henry Hultz Reno

Father's Name James McIlroy

Mother's Name Elizabeth Denmark

Cause of Death: Primary Senility 141

Immediate Debility —

How long sick

~~Accident, Suicide, Homicide~~

Reported by E. A. Wanhaus M.D

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full Lottie Rice

Certificate of Death

Died at Hagerstown (Town) Washington (County) MARYLAND

Date 1890 Month 4 Day 22 | Age Y. 1 M. 0 D. 22 | Native of Maryland | Occupation Child

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of —

Wife —

Father's Name W. S. Rice

Mother's Name Fannie J. Rice

Cause of Death: Primary Pneumonia — How long sick 3 days

Immediate 72 — ~~Accident, Suicide, Homicide~~

Reported by J. E. Pitsnogle

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Jacob H. Ridenour

Certificate of Death

Died at Town Near Smithsburg County Wash. Co. MARYLAND

Date 189 Month 4 Day 9 Age Y. 68 M. 1 D. 28 Native of Md. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living Seven

Husband of Wife Roshiah Stottlemyer

Father's Name Jacob Ridenour Mother's Name Elizabeth Ridenour

Cause of Death Primary Apoplexy 42 How long sick

Immediate Heart Failure Accident, Suicide, Homicide

Reported by J. L. Larbor

Address Smithsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Miss Elizabeth Rohrback

Certificate of Death

Died at Town: Keedysville County: Washington MARYLAND

Date 1899 Month: 4 Day: 16 | Age Y.: 80 M.: 8 D.: 15 | Native of Md | Occupation: Domestic Seamstress

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband of Wife~~

Father's Name: Jacob Rohrback

Mother's Name: Mary A Rohrback

Cause of Death — Primary: La Grippe

Immediate: Pneumonia, Cardiac Effusion

How long sick: 6 days

~~Accident, Suicide, Homicide~~

Reported by: H. M. Nihiser

Address: Keedysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full William Francis Smith

Certificate of Death

Died at Hagerstown (Town) Washington (County) MARYLAND

Date 189 9 Month April Day 1 | Age Y. 42 M. D. | Native of Boonsboro | Occupation Lawyer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name Dr Josiah Smith

Mother's Name Elizabeth Horine

Cause of Death: Primary Chronic Alcoholism 3 4 — How long sick 4 or 5 days

Immediate Heart failure

~~Accident, Suicide, Homicide~~

Reported by J. W. Hunsicker M. D.

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 95966

Name in Full: Elsie C. Spessard — Certificate of Death

Died at: Town: Leitersburg — County: Washington — MARYLAND

Date 1899: Month: April — Day: 1st — Age: Y. 6 M. 6 D. — Native of: Md. — Occupation:

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name: Melvin J. Spessard — Mother's Name: Nevvi R. Spessard

Cause of Death — Primary: bad cold — Immediate: Pneumonia — How long sick: Six weeks

~~Accident, Suicide, Homicide~~

Reported by: Dr. J. H. Wishard

Address: Leitersburg Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Emma J. Spielman

Died at Town: Clearspring County: Washington MARYLAND

Date 189 Month: April Day: 3. Age Y. 67 M. D. Native of Md Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living None

~~Husband~~ Wife of Amos Spielman

Father's Name David Steele Mother's Name Nancy Steele

Cause of Death: Primary Rheumatism How long sick Two years

Immediate Heart failure 24 ~~Accident, Suicide, Homicide~~

Reported by Abraham Shank, M.D.

Address Clearspring Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6[illegible]

Name in Full Sprecher. Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month April Day 21 Age Y. 2 M. D. Native of md Occupation

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single Widow Widower ~~Divorced~~ Number of ~~children~~ living

~~Husband~~ Wife ~~of~~

Father's Name Alex Sprecher Mother's Name Annie Moats

Cause of Death: Primary Bowel disease 49 How long sick a few minutes

Immediate ~~Accident, Suicide, Homicide~~

Reported by W. M. Richard M. D.

Address Fairplay Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full Frank Clinton Swartz

Certificate of Death

Died at Town Hagerstown County Wash MARYLAND

Date 1899 Month 4 Day 18 | Age Y. 8 M. 16 D. | Native of Md | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Walter C. Swartz

Mother's Name Ellen M Swartz

Cause of Death: Primary Pneumonia 72 | How long sick Single 4-9-99

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by Wm Preston Miller

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55268

Name in Full

Alice Amelia Auburn

Cartificate of Death

Died at Town Hagestown County Washington MARYLAND

Date 1899 Month April Day 23 Age Y. 26 M. 3 D. 17. Native of Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living One

Husband of Wife T J Auburn

Father's Name Henry Donaeberger Mother's Name Mary Doarnberger

Cause of Death Primary Consumption How long sick 4. mo

Immediate 22a ~~Accident, Suicide, Homicide~~

Reported by Dr J McScott.

Address Hagestown Md

Must ba signed by physician, if any in attendance, otherwise by coronar, undertaker or minister.

OVER

LIBRARY BUREAU, 79[illegible]

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full Levi Zeller Vanty

Certificate of Death

Died at Town Hancock County Washington MARYLAND

Date 189 9 Month 4 Day 29 | Age Y. 8 M. D. | Native of Md. | ~~Occupation~~

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm Vanty

Mother's Name Sara Shaw

Cause of Death: Primary Broncho Pneumonia — How long sick

Immediate 71 — Accident, Suicide, Homicide

Reported by J. A. West M.D.

Address Hancock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary C. C. Washington. Certificate of Death

Died at Town Hagerstown. County Wash. Co. MARYLAND

Date 189 9 Month April Day 25 Age Y. 5 M. 29 D. Native of Hagerstown Occupation —

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widowed~~ ~~Widower~~ ~~Divorced~~ Number of ~~children living~~

Husband of Wife

Father's Name George B. Washington Mother's Name Mary C. Washington

Cause of Death { Primary Broncho pneumonia How long sick about 3 weeks
Immediate asthenia. ~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by J. Ward Brown. M.D.

Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name In Full | Certificate of Death

Bertha Williams

Died at Town: C & O C Co Boat | County: Was. Co | MARYLAND

Date 1899 | Month: Apr | Day: 18 | Age Y. M. D.: about 9 yrs | Native of: Virginia | Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

~~Husband~~ ~~Wife~~ ~~of~~ Child of Mrs Williams Sr

Father's Name: do not know | ~~Mother's~~ ~~Name~~ Mrs Williams

Cause of Death: Primary: Drowning | ~~How long~~ sick

Immediate: | Accident, ~~Suicide, Homicide~~

Reported by Richard O'Burk

Address Wmspt Md

J F Kreps Undertaker
Williamspt Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. _____

of _____

Seen by Coroner No inquest

of _____

Information contained in this certificate re-

ceived from _____

of _____

Name ~~in~~ Full Zula May

~~Elizabeth~~ Williams

Certificate of Death

Died at Town Carrol Co Boat County Was — Maryland MARYLAND

Date 1899 Month Apr Day 18 | Age Y. 7 M. — D. | Native of Md | Occupation none

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of~~ children living

~~Husband~~ ~~Wife~~ ~~of~~ Child of Mary Williams

~~Father's~~ ~~Name~~ do not know

Mother's Name Mary Williams

Cause of Death: ~~Primary~~ Drowning

Immediate

148

OVER

~~How long sick~~

Accident, ~~Suicide, Homicide~~

Reported by Wm Burk —

Address

J F Kuhn
Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU. 79898

Attended by Dr._____

of _____

Seen by Coroner_____

of _____

Information contained in this certificate re-
ceived from_____

Name in Full

Mary E. Wolfinger

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 9 Month 4 Day 7 Age Y. 56 M. D. Native of Md Occupation ~~House~~ Keeper

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of Wife

Father's Name Daniel G. Wolfinger Mother's Name Susan Alexander

Cause of Death Primary Cancer of ovary and omentum

Immediate Apnoea 25 g

How long sick 2 yrs

~~Accident, Suicide, Homicide~~

Reported by J McP Scott

Address Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65962

Name in Full — Certificate of Death

Henrietta Yeakle

Died at — Town: Pondsville — County: Washington — MARYLAND

Date 1899 — Month: Apl — Day: 21 — Age: Y. 34. M. 7 D. 27 — Native of: Maryland — ~~Occupation~~

~~Male~~ — White — Married — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living: None

~~Husband~~ Wife of: Charles Yeakle

Father's Name: George Lum — Mother's Name: Mary Flora

Cause of Death — Primary: Rheumatism 26 — How long sick: 10 years

Immediate: " " — ~~Accident, Suicide, Homicide~~

Reported by: M L Garver Undertaker

Address: Smithsburg Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. No one for last 3 years

of

Seen by Coroner

of

Information contained in this certificate received from Family

of

Name in Full Helen M Bergin — Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 189 Month April Day 15 — Age Y. 64 M. — D. — Native of Md Occupation Housework

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — Widow ~~Widower~~ — ~~Divorced~~

Number of children living One

Husband / Wife of George Bergin

Father's Name Jeremiah Hamilton — Mother's Name Barbara Leitz

Cause of Death — Primary Cardiac Asthenia — How long sick Some time

Immediate — 57

~~Accident, Suicide, Homicide~~

Reported by E A Markham M.D

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968